IN THE CLAIMS

1. (Currently amended) A method for distinguishing malignant <u>papillary</u> from benign thyroid samples, comprising:

determining presence of a T \rightarrow A transversion at nucleotide 1796 of *BRAF* according to SEQ ID NO: 1 in a thyroid sample of a human, wherein presence of the transversion indicates a malignant <u>papillary</u> neoplasm and absence of the transversion indicates a benign neoplasm or sample.

- 2. (Original) The method of claim 1 wherein the thyroid sample is a fine needle aspirate (FNA).
- 3. (Original) The method of claim 1 wherein the thyroid sample is a tissue sample.
- 4. (Original) The method of claim 1 wherein the thyroid sample is a cytological sample.
- 5. (Original) The method of claim 1 further comprising:

 providing a diagnosis based on the presence or absence of the transversion.
- 6. (Original) The method of claim 1 further comprising:

 providing a prognosis based on the presence or absence of the transversion.
- 7. (Original) The method of claim 1 further comprising:

 determining a therapeutic regimen for the human using as a factor the presence or absence of the transversion.
- 8. (Original) The method of claim 3 wherein the sample has a follicular morphology.
- 9. (Original) The method of claim 3 wherein the sample as a papillary morphology.
- 10. (Currently amended) A method for distinguishing of detecting a malignant from benign papillary thyroid neoplasm in a human suspected of having a thyroid neoplasm samples, comprising:

determining presence of a $T \rightarrow A$ transversion at nucleotide 1796 of *BRAF* according to SEQ ID NO: 1 in a blood sample of a human suspected of having a thyroid neoplasm, wherein presence of the transversion indicates a malignant papillary thyroid neoplasm in the human and absence of the transversion indicates a benign thyroid neoplasm or no neoplasm.

11. (Previously presented) A method for detecting a T \rightarrow A transversion mutation at nucleotide 1796 of *BRAF* according to SEQ ID NO: 1, comprising:

amplifying all or part of exon 15 of *BRAF* from a test sample to form amplified products, wherein said part comprises at least nucleotides 1792 to 1799 of *BRAF*; digesting the amplified products with restriction endonuclease TspRI to form digested products;

identifying a mutation at nucleotide 1796 if the digested products contain:

- one fragment fewer than digested products formed when using wildtype *BRAF* as a template for amplifying and digesting; or
- one additional fragment compared to digested products formed when using wild-type *BRAF* as a template for amplifying or digesting.
- 12. (Original) The method of claim 11 wherein the test sample is from a thyroid.
- 13. (Original) The method of claim 11 wherein the test sample is an FNA from a thyroid.
- 14. (Original) The method of claim 11 wherein the test sample is a tissue sample from a thyroid.
- 15. (Cancelled)

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- 16. (Cancelled)
- 17. (Cancelled)
- 18. (Cancelled)
- 19. (Cancelled)
- 20. (Cancelled)
- 21. (Cancelled)
- 22. (Cancelled)
- 23. (Currently amended) The method of claim 6 wherein the presence of if the human has the transversion the prognosis indicates that the human has a higher risk of neck lymph node metastasis than a human without the transversion, and if the human does not have the transversion the prognosis indicates that the human has a lower risk of neck lymph node metastasis than a human with the transversion.
- 24. (Currently amended) The method of claim 6 wherein the presence of if the human has the transversion the prognosis indicates that the human has a higher risk of cancer

recurrence than a human without the transversion, and if the human does not have the transversion the prognosis indicates that the human has lower risk of cancer recurrence than a human with the transversion.